

Entity Name	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	TTL Insurance Payments	Estimated Patient Copay, Deductible, Co-Insurance	# of Accts
Regence BlueCross BlueShield of Utah	\$ 319,291.97	\$ 127,642.12	\$ 87,781.79	\$ 33,977.75	\$ 5,882.58	10
U&C	\$ 45,506.47	\$ 45,506.47	\$ 37,175.23	\$ 7,790.44	\$ 540.80	2

Facility Name	Account Number	Patient Initials/Name	Service Date	Discharge Date	Entity Name - Legal	Total Insurance Payments	Group Number	Group Name	Policy Number	Payer Claim ID 1	Payer Claim ID 2	Estimated Patient Copay, Deductible, Co-Insurance	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	OON Benefit Methodology
Plano		REDACTED			Regence BlueCross BlueShield of Utah	\$ 893.15	REDACTED	REGIONS		REDACTED		\$ 382.71	\$ 16,845.49	\$ 5,053.65	\$ 3,777.79	Other
Plano					Regence BlueCross BlueShield of Utah	\$ 9,362.15		REGIONS				\$ 3,352.13	\$ 83,801.30	\$ 25,140.39	\$ 12,426.11	Other
Mid-Cities					Regence BlueCross BlueShield of Utah	\$ 1,356.20		WEIR GRP				\$ -	\$ 17,218.67	\$ 5,165.60	\$ 3,809.40	Other
Mid-Cities					Regence BlueCross BlueShield of Utah	\$ 2,090.00		WEIR GRP				\$ 1,127.68	\$ 24,913.31	\$ 7,473.99	\$ 4,256.31	Other
Landmark					Regence BlueCross BlueShield of Utah	\$ 12,373.47		WEIR GRP				\$ -	\$ 117,193.51	\$ 35,158.05	\$ 22,784.58	Other
East Houston		REDACTED			Regence BlueCross BlueShield of Utah	\$ 112.34	REDACTED	WEIR GRP		REDACTED		\$ 317.10	\$ 10,569.98	\$ 3,170.99	\$ 2,741.55	Other
Landmark					Regence BlueCross BlueShield of Utah	\$ 811.42		LUMENIS INC.				\$ 540.80	\$ 24,334.48	\$ 24,334.48	\$ 22,982.26	U&C
Landmark					Regence BlueCross BlueShield of Utah	\$ 6,979.02		LUMENIS INC.				\$ -	\$ 21,171.99	\$ 21,171.99	\$ 14,192.97	U&C
Beaumont					Regence BlueCross BlueShield of Utah	\$ -						\$ 41.94	\$ 838.80	\$ 251.64	\$ 209.70	
Beaumont					Regence BlueCross BlueShield of Utah	\$ -						\$ 120.22	\$ 2,404.44	\$ 721.33	\$ 601.11	